

Indian Health Service
Rockville Md 20857

MAR 9 1994

SGM 94-1
OAM/DMP

TO: All Headquarters East Associate Directors,
FROM: Acting Director of Headquarters Operations
SUBJECT: Small Purchase Requests and Travel Orders

The purpose of this Special General Memorandum is to eliminate the requirement to obtain approval from the Director of Headquarters Operations (DHO) for Small Purchase Requests (HHS-393) and Travel Orders (HHS-1).

Small Purchase Requests


Effective immediately, small purchase requirements will be approved by Associate Directors for their respective Offices according to IHS acquisition policies and regulations.

A memorandum was issued by the Associate Director, Office of Administration and Management (OAM), on November 30, 1993 (see Attachment A) emphasizing that the Office Services Section is the central processing and approval location for all Headquarters HHS-393 Purchase/Service/Stock Requisition. The memorandum also established the requirement that the DHO approve all HHS 393's. The information contained in the November 30 memorandum remains in effect except for the approval by the DHO.

A memorandum dated October 15, 1993, issued to all Executive Staff, from the Acting Director of Headquarters Operations, remains in effect until further notice (see Attachment B). This memorandum is in reference to the control of expenditures for the Office of the Director's Budget (CANS 2000-2005, 2600).

Travel Orders

The Associate Directors will approve travel for their respective Offices. The DHO approves travel for all Headquarters East Associate Directors. Attachment C is the Delegation of Authority Concerning 1) Travel; 2) Administrative Resolution of Cash Fund Irregularities; and 3) Designation of Certifying Officers.



Bill F. Pearson, P.E., DEE
Assistant Surgeon General

Attachments



DEPARTMENT OF HEALTH & HUMAN SERVICES

ATTACHMENT A
SGM-94-1
Public Health Service

Indian Health Service
Rockville MD 20857

NOV 30 1993

TO : Headquarters East Staff .
FROM : Associate Director
Office of Administration and Management
SUBJECT: Small Purchase Requests

This is a reminder that the OFFICE SERVICES SECTION is the central processing and APPROVAL location for all Headquarters HHS-393. "Purchase/Service/Stock Requisition" (excluding all ADP hardware/software and telecommunications equipment).

The Administrative Services Center (ASC). General Acquisition Branch (GSB) has been asked to- not process and return all Indian Health Service HHS-393 that do not contain the APPROVAL BY the Chief + Office Services Section (OSS).

In addition, all HHS-393 (including a 11 ADP hardware/software and telecommunications equipment) must all have an additional approval by the Director of Headquarters Operations. This approval can be included in the "Description" portion of the HHS-393.

Attached is a revised sample, DAS/YB/11-93, from the Yellow Book- An Administrative Reference Guide, DAS/YB/S-92, page 40. If you have any additional questions, please telephone Ms. Jeanelle Raybon, Chief, OSS at 443-1095.

George Buzzard
George Buzzard

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SMALL PURCHASING SERVICES

Services: Requirements under \$25,000 to be obtained on the open services market and GSA schedule acquisitions' are processed through small purchase Procedures.

The ADP and telecommunications purchases are conducted by the ADP Acquisition Branch, and all other purchases are performed by the General Acquisition Branch.

Types of purchase transactions include individual call-ins, orders, blanket, purchase agreement. (BPA) imprest fund transactions, rubber stamp purchases, book and subscription orders, Fedstrip orders, GSA schedule acquisitions, and repair orders.

Procedure: Each requesting office is responsible for preparing their own HHS-393, "Purchase/Service/Stock Requisition".

The HHS-393 must be signed by the "Requested by" Official; "Recommend Approval" by the appropriate Associate Director, and "Funds Available" by a member of the Division of Resources Management staff.

If the purchase is under \$25,000, it will be "Approved By the Chief, Office Services Section.

If the request exceeds \$25,000 it will be Approved By the Director of Headquarters Operations.

To obtain purchasing services, the Office Service Section processes a properly funded, signed, and approved Form HHS-393, Purchase/service/Stock Requisition, to the Division of Acquisition Management, ASC.

SMALL PURCHASING SERVICES (Continued)

Office Services is the IHS central receiving point for MS-393's. The OSS will process most HHS-393s within working days of receipt and hand-carry approved HHS-393s to the Division of Acquisition Management, General Acquisition Branch ASC. -All HHS-393's must have applicable approvals and clearances before they can be processed.

Please refer to the following examples of the most frequently-utilized HHS-393s:

- 0 Supplies (Exhibit A)
- 0 Subscriptions (Exhibit B)
- 0 Temporary Services (Exhibit C)
- 0 Equipment/Furniture (Exhibit D)
- 0 Name Plates (Exhibit E)
- 0 Rubber Stamps (Exhibit F)

Services: The Office Services Section is the Central receiving point for all items ordered by the Division of Acquisition Management, General Acquisition Branch, ASC, for delivery to IHS customers, with the exception of all ADP hardware and equipment, which is received by OIRM,

If items ordered have not been received by the delivery date specified on the purchase order (but only after that date), customers may inquire about the delivery at the following number.

Location: 4B-26

Telephone: 443-1095

BPA and Call No. _____

U 391648000

OFFICE CODE/SYMBOL

IHS/XXXX

GENERAL ACQUISITION BRANCH		REQUEST FOR <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> SERVICE <input type="checkbox"/> STOCK ISSUE <input type="checkbox"/> RENTAL/LEASE	
QUESTING ORGANIZATION INDIAN HEALTH SERVICE		CUSTODIAL AREA	DATE X/XX/XX
REFERENCE CALL OUR NAME		EXTENSION 443-1095	APPROPRIATION CAN X.XXXXXXX
LIVER TO CHIEF, OFFICE SERVICES INDIAN HEALTH SERVICE, RM 4B-26 5600 FISHERS LANE ROCKVILLE, MO 20857		DATE REQUIRED X/XX/XX	

ITEM No.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	
	SUPPLIES:				
1.	P USE INITIAL TAG, NO. XXX				
2.	PHONE MESSAGE BOOK, NO. XXX				
3.	DIVIDERS, NO. XXX				
4.	FOLDERS, NO. XXX				
	SOURCE:				
	LOCAL CONTRACTOR				
	JUSTIFICATION:				
	Director, Headquarters Operations, IHS Approval: _____				

certify that the property/services requested are required
Government business, and are not available from
cess or current assets.

FUNDS AVAILABLE (Signature/Title)

DA1

TOTAL

REQUESTED BY (Signature/Title)*

REQUESTOR

DATE

RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quant
Required" column above have been received in total or as annotated.

COMMEND APPROVAL (Signature/Title).

ASSOCIATE DIRECTOR

DATE

RECEIVING OFFICIAL (Signature/Title).

DATE

PROVED BY (Signature/Title)*

CHIEF, OFFICE SERVICES

DATE

ORDER NO. (PO, OO, FEDSTRIP, ETC.)

ORDER NO.

PROPERTY MANAGEMENT OFFICER (Signature)*

DATE

VOUCHER NO.

VOUCHER NO.

REQUEST FOR

GENERAL ACQUISITION BRANCH

☐ PURCHASE ☒ SERVICE ☐ STOCK ISSUE ☐ RENTAL/LEASE

REQUESTING ORGANIZATION

CUSTODIAL AREA

DATE

OBJECT CLASS

INDIAN HEALTH SERVICE

X/XX/XX

XX.XX

REFERENCE CALL

EXTENSION

APPROPRIATION

YOUR NAME

443-1095

XXXXXXX

DELIVER TO

CAN

YOUR OFFICE
INDIAN HEALTH SERVICE, YOUR ROOM NUMBER
5600 FISHES LANE
ROCKVILLE, MD 20857

X.XXXXXXX

DATE REQUIRED

X/XX/XX

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TO
	<p><u>SUBSCRIPTION:</u></p> <p>1 YEAR SUBSCRIPTION: "STANDARD FOR LIFE"</p> <p>SOURCE: STANDARDS PUBLISHING 1232 BALLHALL ROAD WASHINGTON, DC 20922</p> <p>Send invoice and purchase order to Chief, OSS, Roan 4B-26</p> <p>Director, Headquarters Operations, IHS Approval: _____</p>				
certify that the property/services requested are required for Government business, and are not available from excess or current assets.				FUNDUS AVAILABLE (Signature/Title)	
				DATE	
				TOTAL	

REQUESTED BY (Signature/Title)*

REQUESTOR

DATE

RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as noted.

RECOMMEND APPROVAL (Signature/Title)*

ASSOCIATE DIRECTOR

DATE

RECEIVING OFFICIAL (Signature/Title)

DATE

APPROVED BY (Signature/Title)*

CHIEF, OFFICE SERVICES

DATE

ORDER NO. (PO, DD FORM, FEDSTRIP, ETC.)

ORDER

PROPERTY MANAGEMENT OFFICER (Signature)*

DATE

VOUCHER NO.

VOUCHER

BPA and Call No. _____

D-551876

OFFICE CODE/SYMBOL

IHS/XXXX

GENERAL ACQUISITION BRANCH		REQUEST FOR <input type="checkbox"/> PURCHASE <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> STOCK <input type="checkbox"/> ISSUE <input type="checkbox"/> RENTAL	
QUESTING ORGANIZATION INDIAN HEALTH SERVICE		CUSTODIAL AREA	
REFERENCE CALL YOUR NAME		EXTENSION 443-1095	DATE X/XX/XX
LIVER TO CHIEF, OFFICE SERVICES INDIAN HEALTH SERVICE, RM 4B-26 5600 FISHERS LANE ROCKVILLE, MD 20857		APPROPRIATION XXXXXX X.X XXXXXX DATE REQUIRED X/XX/XX	

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST UNIT
	<p>TEMPORARY SERVICE:</p> <p>SECRETARY ONE PRIVATE SECTOR TEMPORARY TO PERFORM DUTIES AS OUTLINED IN ATTACHMENT.</p> <p>SOURCE: LOCAL BPA</p> <p>NOTE: WILL NEED JUSTIFICATION FOR SOLE SOURCE REQUEST.</p> <p>Director, Headquarters Operations, IHS Approval: _____</p>			

certify that the property/services requested are required
for Government business, and are not available from
other or current assets.

FUNDS AVAILABLE (Signature/Title)

DATE

TOTAL

REQUESTED BY (Signature/Title)*

REQUESTOR

DATE

RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or ☐ S ☒ n&td

COMMEND APPROVAL (Signature/Title)*

ASSOCIATE DIRECTOR

DATE

RECEIVING OFFICIAL (Signature/Title)

DATE

APPROVED BY (Signature/Title)*

CHIEF, OFFICE SERVICES

DATE

ORDER NO. (PO, DO, FEDSTRIP, ETC.)

ORDER NO.

PROPERTY MANAGEMENT OFFICER (Signature)*

DATE

VOUCHER NO.

VOUCHER

Attachment to Requisition Number _____
for
Temporary Help **Services**

' - Justification:

Position: _____

Approximate dates services are required: from _____ to _____

Hours: from _____ to _____

Contact Person: _____

Phone Number: _____

Bldg./Rm. # : _____

Check duties to be performed, list equipment to be used, and approximate percentage **of time performing** each task:

<u>Duties</u>	<u>Equipment</u>	<u>Per.</u>
_____ Receptionist/ Telephones	_____	_____
_____ Filing/Clerical	_____	_____
_____ Typing WPM _____	_____	_____
_____ Word Processing	_____	_____
_____ Software	_____	_____
_____ Stenography WPM _____	_____	_____
_____ Dictaphone	_____	_____
<u>O t h e r</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____

BPA and Call No. _____

D 51646

OFFICE CODE/SYMBOL

IHS/XXXX

GENERAL ACQUISITION BRANCH		REQUEST FOR <input checked="" type="checkbox"/> PURCHASE a SERVICE a STOCK ISSUE C I RENTAL/LEASE	
REQUESTING ORGANIZATION INDIAN HEALTH SERVICE		CUSTODIAL AREA	DATE X/XX/XX
REFERENCE CALL YOUR NAME		EXTENSION 443-1095	APPROPRIATION XXXXXXX
DELIVER TO CHIEF, OFFICE SERVICES INDIAN HEALTH SERVICE, RM 4B-26 5600 FISHERS LANE ROCKVILLE, MD 20857		CAN X.XXXXXXX DATE REQUIRED X/XX/XX	

ITEM No.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TOTAL
1.	TO PURCHASE THE FOLLOWING FURNITURE: HI BACK EXECUTIVE CHAIR MODEL T111 COLOR WALNUT				
2.	OPEN-FRONT BOOKCASE WALNUT, MODEL T111 3 SHELVE SIZE 42"X 15"X 51" SOURCE: GSA CONTRACT NO. XXXXX JUSTIFICATION: Director, Headquarters Operations, IHS Approval: _____				
certify that the property/services requested are required Government business, and are not available from excess or current assets.		FUNDS AVAILABLE (Signature/Title)		DATE	TOTAL

REQUESTED BY (Signature/Title)* REQUESTOR	DATE	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as <input type="radio"/> in part <input type="radio"/> in part	
COMMEND APPROVAL (Signature/Title)* ASSOCIATE DIRECTOR	DATE	RECEIVING OFFICIAL (Signature/Title)	DATE
APPROVED BY (Signature/Title)* CHIEF, OFFICE SERVICES	DATE	ORDER NO. (PO, OO, FEOSTRIP, ETC.)	ORDER DATE
ACTY MANAGEMENT OFFICER (Signature)* CHIEF, MATERIAL MANAGEMENT	DATE	VOUCHER NO.	VOUCHER DATE

10 GENERAL ACQUISITION BRANCH		REQUEST FOR	
REQUESTING ORGANIZATION		<input type="checkbox"/> PURCHASE - <input type="checkbox"/> SERVICE <input type="checkbox"/> STOCK ISSUE <input type="checkbox"/> RENTAL	
INDIAN HEALTH SERVICE		CUSTODIAL AREA	DATE X/XX/XX
FOR REFERENCE CALL		EXTENSION	APPROPRIATION
YOUR NAME		442-1095	XXXXXXX
LIVER TO		X.XXXXXXX	
CHIEF, OFFICE SERVICES		DATE REQUIRED	
INDIAN HEALTH SERVICE		X/XX/XX	
5600 FISHERS LANE, RM 4B-26			
ROCKVILLE, MD 20857			

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF SSUE	COST	
				UNIT	
1.	DESK NAME PLATE: BILL JONES				
2.	JEFF BIRD				
	BOTH WITH HOLDER				
	SOURCE: LOCAL BPA				
	Director, Headquarters Operations, IHS				
	Approval: _____				

certify that the property/services requested are required or Government business, and are not available from excess or current assets.

FUNDS AVAILABLE (Signature/Title)

OAT

TOTAL

REQUESTED BY (Signature/Title)*

REQUESTOR

DATE

RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" above have been received.

RECOMMEND APPROVAL (Signature/Title)*

ASSOCIATE DIRECTOR

DATE

RECEIVING OFFICIAL (Signature/Title)

DATE

APPROVED BY (Signature/Title)*

CHIEF, OFFICE SERVICES

DATE

ORDER NO. PO. 00. FEDSTRIP, ETC.]

ORDER

PROPERTY MANAGEMENT OFFICER (Signature)*

DATE

VOUCHER NO.

VOUCHE

BPA and Call No. _____

D 51646

OFFICE CODE/SYMBOL

IHS/XXXX

GENERAL ACQUISITION BRANCH		REQUEST FOR	
REQUESTING ORGANIZATION INDIAN HEALTH SERVICE		<input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> SERVICE <input type="checkbox"/> STOCK ISSUE <input type="checkbox"/> RENTAL/LE	
REFERENCE CALL YOUR NAME		CUSTODIAL AREA	DATE X/XX/XX
LIVER TO		EXTENSION 443-1095	APPROPRIATION XXXXXXX
CHIEF, OFFICE SERVICES INDIAN HEALTH SERVICE, RM 4B-26 5600 FISHERS LANE ROCKVILLE, MD 20857		CAN X.XXXXXXX	
		DATE REQUIRED X/XX/XX	

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TOTAL
1.	SELF INKING STAMPS :				
2.	Rus				
3.	Draft				
	Final				
	SOURCE:				
	Local BPA				
	Director, Headquarters Operations, IHS				
	Approval: _____				
certify that the property/services requested are required for Government business, and are not available from sales or current assets.		FUNDS AVAILABLE (Signature/Title)		DATE	TOTAL
REQUESTED BY (Signature/Title)* REQUESTOR		DATE	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.		
COMMAND APPROVAL (Signature/Title)* ASSOCIATE DIRECTOR		DATE	RECEIVING OFFICIAL (Signature/Title) DATE		
PROVED BY (Signature/Title)* CHIEF, OFF-ICE SERVICES		DATE	ORDER NO. (PO, OO, FEDSTRIP, ETC.) ORDER DATE		
PROPERTY MANAGEMENT OFFICER (Signature)*		DATE	VOUCHER NO. VOUCHER DATE		

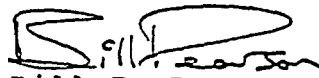
Indian Health Service
Rockville MO 20857

OCT 15 1993

TO: Executive Staff
FROM: Acting Director of Headquarters Operations
SUBJECT: Purchases Charged to the Office of
the Director--ACTION

I am asking your assistance in maintaining the fiscal year 1994 commitment register for the Office of the Director. Please send all purchase orders, requisitions, travel orders, vouchers, personnel actions, and training authorizations for CANS 2000-2005, 2600, and any other expenditures expected to be paid from the Office of the Director's budget to Mrs. Olivia Buckley to record on the commitment register prior to sending the documents to the Division of Resource Management.

Mrs. Buckley is located in room 6-05 and may be reached on 443-1083.


Bill F. Pearson, P.E., DEE
Assistant Surgeon General

GENERAL

EXHIBIT 1-5.2A-11

CHAPTER 5
DELEGATIONS OF AUTHORITY

SUBJECT: TRAVEL AND ADMINISTRATIVE RESOLUTION OF CASH FUND IRREGULARITIES

Pursuant to the authority vested in the Director, Indian Health Service, by the Reorganization Order of January 4, 1988, (52 FR 47053) which elevated the Indian Health Service to a PHS Agency, and in accordance with the authority delegated to all PHS Agency Heads by the Director, Office of Management, PHS, on May 21, 1984, I hereby delegate the following authorities as indicated below:

1. The authority for:

(a) Domestic Travel (D)

To authorize or approve domestic travel, as defined in the HHS Travel Manual, Section 1-20. This authority includes (1) temporary duty travel of employees; and (2) travel of consultants, advisory council members, advisory committee members, private persons, etc.

(b) Foreign Travel (F)

To authorize or approve foreign travel, as defined in the HHS Travel Manual, Section 1-20. This authority includes the types of travel described in the HHS Travel Manual, Chapter 7-00, as well as (1) home travel leave, (2) travel of dependents returning to the United States for education purposes, and (3) evacuation travel.

(c) Permanent Change of Station - Civilian Employees (CS)

To authorize domestic and foreign travel and transportation of civilian employees in connection with (1) permanent change of duty station, (2) travel of new appointees to first duty station, and (3) travel from a duty station outside continental United States to place of residence for employees leaving Government service at the conclusion of an overseas tour of duty described in the HHS Travel Manual Chapter 6-00.

(d) Advance of Funds (AF)

To approve advance of funds in connection with authorized official travel and transportation as described in the HHS Travel Manual Chapter 3-30.

(e) Actual and Necessary Travel and Subsistence Expenses (AN)

A. Subspecification "AN-1." The authority to authorize or approve travel and subsistence expenses on an actual and necessary expense basis for members of national advisory councils and advisory committees, and certain applicants for Federal employment, as provided in HHS Travel Manual Chapter 5-30.

CHAPTER 5
DELEGATIONS OF AUTHORITY

B. Subspecification "AN-2." The authority to authorize or approve travel on an actual subsistence expense basis for IHS civilian employees, private persons serving without compensation, part-time consultants and experts (WAE) for the IHS.

(f) Missing Persons (MP)

To authorize or approve travel of dependent, and shipment of household goods, personal effects, and private vehicle of employees who are officially reported as captured, injured, dead, missing, or interned in a neutral country as a result of military or naval operations. (See GSA Bulletin FPMR A-40, Chapter 2, Part 2.)

(g) Deceased and Injured Employees, Deceased Dependents (DI)

To authorize or approve (1) preparation and transportation of the remains of an employee who dies while in travel status within or outside the United States (see the HHS Travel Manual, Chapter 8-10 and 8-20); (2) transportation of the remains of the dependents of an employee who is assigned to a permanent duty station outside the United States, if death occurred outside the United States (see the HHS Travel Manual, Chapter 8-30); and (3) transportation of an employee to a medical facility for treatment of injuries incurred in the performance of official duties (see the HHS Travel Manual, Chapter 8-40).

(h) The Use of Noncontract Air Carriers (AC)

To authorize or approve the use of noncontract air carriers when the exceptions specified by GSA are met and certified on the travel order. (See GSA Temp. Reg. A-20).

(i) The Use of Cash to Purchase Emergency Domestic Passenger Transportation in Excess of \$100 (DT)

To authorize or approve the use of cash to purchase emergency domestic passenger transportation in excess of \$100. Travel vouchers shall be maintained in the fiscal office serving the individual traveler and must be available for site audit by GSA auditors. Attached to each voucher will be written approval for the use of cash signed by the delegated approving official. (See HHS Travel Manual Chapter 4-10).

<u>TO WHOM DELEGATED</u>	<u>AREA OF AUTHORITY</u>	<u>AUTHORITY DELEGATED (BY SPECIFICATION)</u>
Deputy Director, IHS	IHS-wide	D, F, CS, AF, AN-1, AN-2, MP, DI, AC, DT
Director of Hdqtrs Oper	IHS-wide	D, F, CS, AF, AN-1, AN-2, MP, DI, AC, DT

CHAPTER 5
DELEGATIONS OF AUTHORITY

<u>TO WHOM DELEGATED</u>	<u>AREA OF AUTHORITY</u>	<u>AUTHORITY DELEGATION (BY SPECIFICATION)</u>
Associate Director, Office of Administration and Management	IHS-wide	D, F, CS, AF, AN-1, AN-2, MP, DI, AC, DT
Associate Directors, IHS	Respective Office	D, CS, AF, AN-1, AC, DT
Administrative Officer, OHPPD	Tucson, Arizona	D, CS, AF, AN-1, AC, DT
Area Directors	Respective Area	D, CS, AF, AN-1, AC, DT
Area Deputy Director	Respective Area	D, CS, AF, AN-1, AC, DT
Area Executive Officers	Respective Area	D, CS, AF, AN-1, AC, DT
Director, Clinical Support Branch	Respective Branch	D, CS, AF, AN-1, AC, DT
Service Unit Directors	Respective Service Unit	D, CS, AF, AN-1, AC, DT
Administrative Officers	Respective Service Unit	D, CS, AF, AN-1, AC, DT
Program Manager, Headquarters West	Headquarters Personnel, Albuquerque, N.M.	D, CS, AF, AN-1, AC, DT

AUTHORITY TO REDELEGATE

The authority to authorize and approve domestic travel (D) and advance of funds (AF) may be redelegated by Area Directors to no lower than one organizational segment below the Office of the Area Director, except that Service Unit Directors may redelegate this authority one organizational segment below the Office of the Service Unit Director.

Headquarters Associate Directors and Area Directors shall ensure that (1) travel allocation plans exist for their respective office and those organization segments to which this authority is delegated and all travel orders have a stamped or written certification by the financial management office that funds are available in accordance with the organization segment's approved travel plan.

CHAPTER 5
DELEGATIONS OF AUTHORITY

Headquarters Associate Directors are delegated authority to authorize and approve travel and will sign as authorizing official on the travel order.

Headquarters Division Directors are authorized to recommend travel and may sign as Recommending Official on travel order.

All authorized travel shall be approved in accordance with Federal Travel Regulations and an established travel plan to ensure travel does not exceed travel allocation ceilings.

The authorities listed by specifications F, AN-2, MP, DI, and AC may not be redelegated.

RESTRICTIONS AND LIMITATIONS:

An official to whom authority is delegated may exercise such authority within his specified area, when applicable, to the designated official himself.

Authorizing officials must have their own travel authorized or approved by either (a) an authorizing official occupying a higher organizational level of authority; or (b) by the operating agency chief administrative officer. IHS Area Directors must have their travel approved by the Deputy Director, IHS, or Associate Director, Office of Administration and Management, Indian Health Service. No IHS official may authorize or approve his/her own travel.

The authority to resolve by appropriate administrative action, cash and fund loss irregularities amounting to less than \$750 arising from a single incident or a series of similar incidents occurring about the same time is delegated to the Associate Director, Office of Administration and Management, without authority to redelegate.

This delegation excludes the authority for Commissioned Corps travel.

REFERENCES

Indian Health Service Circular 83.6 - Travel Approval for Area Directors as amended.

INFORMATION AND GUIDANCE

Requirements and instructions for exercising these authorities are contained in the HHS Travel Manual and PHS or IHS Supplements thereto, the HHS Standards of Conduct Regulations, and any other applicable regulations.

CHAPTER 5
DELEGATIONS OF AUTHORITY

All reimbursement vouchers should be approved by an official who generally supervises the traveler, and who has knowledge that the travel assignment was performed and authorized. The following statement should be typed on the travel voucher (Section 12), dated, and signed by the immediate supervisor:

"Travel has been performed as directed and authorized."

Supervisor

Date

When a traveler takes leave of absence of any kind when in a travel status, the exact hour of departure from the return to duty must be shown on the travel voucher. The traveler also must certify on the voucher that leave taken has been recorded on the Time and Attendance Record (Form HHS402). The following statement should appear next to the date(s) shown as leave of absence:

"I certify that this leave of absence has been recorded on my Time and Attendance Record for the pay period ending _____."

Requirements and instructions for exercising these authorities are contained in the HHS Voucher Examination Manual, and Title 7, Section 28.14, of the GAO Policy and Procedures Manual.

RETENTION OF AUTHORITY

The authority to authorize or approve the acceptance of payment in cash or in kind, from non-Federal agencies, organizations, and individuals, for travel and subsistence expenses as described in the HHS Travel Manual Chapter 1-30, was delegated to the Director, IHS, without authority to redelegate.

SUPERSESSION

This delegation supersedes Exhibit 1-5.2J-3, Subject: Travel and Administrative Resolution of Cash Fund Irregularities, Indian Health Manual, Part I, Chapter 5, Delegations of Authority, Transmittal Notice 86.14, dated September 22, 1986

EFFECTIVE DATE

This delegation is effective upon date of signature.

11/23/88

Date



Director

Indian Health Service